

# Marietta Ob Gyn Affiliates, P.A.

## Financial Policy

### **Managed Care Patients:**

It is our pleasure to be able to serve you as a preferred provider, under your managed care insurance plan. As you are aware, with your plan there are certain guidelines which we, as a provider, must follow, as well as you, the patient.

These criteria concern co-payments, deductibles and co-insurance. Co-payments, deductibles, if not met, and co-insurances are due at the time service is provided. Once the insurance company has processed the claim and our contractual adjustments have been made, any balance owed by you, for non covered services, additional co-payments, co-insurance or deductibles determined by the insurance company, is due in full upon receipt of our statement.

### **Surgery:**

We will obtain benefits and provide you with an **estimate** on surgery done at Kennestone Hospital, Marietta Surgical Center or office surgery over \$500.00. As you may be aware, insurance plans read a disclaimer when benefits are obtained that state "this is not a guarantee of payment or benefits and benefits are determined when the claim is submitted and processed". You will be notified of your estimate and expected payment at you pre-op appointment, for surgery at Kennestone or the Marietta Surgical Center. Most office surgery estimates are due the date of your office surgery, however some office surgeries require a portion of the estimate prior to the procedure. You will be notified if your surgery requires any payment prior to your procedure. Once the insurance has processed and paid your claim, any balance is due upon receipt of our statement, unless prior arrangements have been made.

### **Obstetrical Charges:**

We will obtain benefits from your insurance plan and provide you with an **estimate** of your financial obligation. When benefits are obtained, insurance plans read their disclaimer that states "this is not a guarantee of payment or benefits and benefits are determined when the claim is submitted and processed". Payments will be arranged, with this **estimate** paid by your seventh month of pregnancy.

### **Charges for Missed Appointments:**

We require 24 hours notice for the cancellation of the following appointments since special equipment is reserved, extended appointment time is given, or the procedure is performed outside our normal business hours, requiring staff to arrive early. Failure to provide 24 hour notice for the cancellation will have the following charges.

*Sonohysterography	\$100.00	*Her Option Ablation	\$200.00
*Urodynamic Testing	\$100.00	*Essure Sterilization	\$200.00
*Implanon Insertion	\$50.00	*Leep	\$100.00
* _____	\$ _____		

### **Billing Charges:**

- \*Return Check-\$25.00
- \*Co-pay not paid at time of visit-\$15.00
- \*Monthly Finance Fee of 1.5%
- \*30% Collection fee if applicable (accounts placed with Collection Agency)

### **Form Charges:**

- \*Disability Form (1 page) -\$10.00
- \*Disability form (2 pages) - \$20.00
- \*Family Medical Leave Act Form (FMLA) - \$25.00
- \*Special letters-Call for charge

**Phone Call Charges:**

The following charges apply for phone calls initiated by a patient or guardian. These charges are for calls not related to a visit within the past seven days or if you are not seen within 24 hours or first available urgent appointment related to the phone call. This excludes calls related to a visit within the past seven days, if you are seen within 24 hours or first available urgent appointment relating to the call or if you are within the postoperative period of a completed procedure.

Please note that these charges may not be covered by your Insurance Plan and you will be responsible for any amount not covered by your plan.

Length of Call	By Physician	By Non Physician Healthcare Professional
5-10 minutes	\$30.00	\$20.00
11- 20 minutes	\$50.00	\$35.00
21-30 minutes	\$70.00	\$45.00

**Lab Test:**

All labs are sent to Lab Corp or Quest unless you instruct us to use a different lab. You will receive a separate bill for any tests sent to these labs, by them or our Lab Billing Service (Marietta Ob Gyn Affiliates, LLC 2)

**Dexa (Bone Density):**

Your provider may recommend that you have a bone density scan. Each insurance plan has different benefits for this service that may range from co-pay, applied to your deductible or limitations. We recommend that you verify your benefits, prior to receiving this service.

**Mammogram:**

There are two reasons for mammograms orders, routine (no current problems) and diagnostic (lump or symptom). Our office orders this test accordingly. Since benefits vary between routine and diagnostic reasons, we recommend that you call your insurance prior to receiving this service

**Infertility:**

This is a non-covered service by some plans and may require a larger co-payment, co-insurance or deductible. You will be responsible for any amount not covered by your plan. We recommend that you call your insurance plan **prior** to receiving any treatment for infertility.

**Referrals:**

If your plan requires a referral for diagnostic testing performed outside our office or a referral to another provider, the referral must be obtained prior to your appointment. We require ten business days to obtain your referral authorization. Some plans may require these to be issued by your primary care physician. Once your appointment is scheduled and you have verified with your plan that a referral is needed, call our office with the following information:

1. Date of appointment
2. Physician’s name or facility, their phone number and fax number
3. If it is a diagnostic test, we need the name of the test and location of the test.
4. Your insurance plan’s name and your identification number

We hope you will honor this doctor/patient/insurance contract, as we have. If you have any questions you may contact our Business Office or your insurance plan.

\_\_\_\_\_  
**Signature**

5/1/09

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**Date**